

**LOS ANGELES COUNTY DEPARTMENT OF HEALTH
SERVICES**

**A PROPOSAL FOR
WORKFORCE DEVELOPMENT AND TRAINING**

**AS AN AMENDMENT TO THE
MEDICAID DEMONSTRATION PROJECT
FOR LOS ANGELES COUNTY**

March 26, 1999

I. EXECUTIVE SUMMARY

The Los Angeles County Department of Health Services proposes an amendment to the County's existing Medicaid Demonstration Project for Los Angeles County ("Project") to incorporate the Workforce Development and Training Proposal described herein. As recognized by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, the training and education of health care workers are a top national priority in improving the quality of care provided by health care organizations. Accordingly, the County seeks to amend its Medicaid Demonstration Project by incorporating workforce analysis, employee training and career development within Los Angeles County's restructured public health system that will support the delivery of quality health services and improved access to care.

Under the Medicaid Demonstration Project, the County, the State of California and the Health Care Financing Administration ("HCFA") have recognized that restructuring the County's public health care system is necessary in order to control costs, increase access to care, and improve the quality of services for the residents of Los Angeles County. One of the more important changes that now requires attention is the significant need for County workforce development and retraining. Specifically, the County needs a comprehensive approach that allows employees to continuously learn in a dynamic health care environment and be better prepared for new responsibilities and skills.

To address this need, the County's Proposal includes the design and implementation of a comprehensive and innovative workforce training and development project to support the current County restructuring that is already partially funded by HCFA under the Medicaid Demonstration Project. Implementation of the Proposal will be guided by the results

of the Health Care Demonstration Project, recently funded by the U.S. Department of Labor. To further the restructuring process for the Project's extension term, the Proposal seeks to:

- ☐ ***Deliver organizational change training to all 22,000 public health workers, including acute care employees, in Los Angeles County.*** The Proposal will implement “best practices” training that alter core processes for employees based on the new, long-term strategic direction of the public health delivery system. This includes broad skills training in continuous quality improvement, customer service, risk management, the managed care environment, diversity and cultural competency, and teamwork to assist County employees in developing, incorporating and sustaining new ways of working. Improved practices to better serve and retain our patients are vital to the future of the County health care system.
- ☐ ***Enhance skills of ambulatory care workers to meet the evolving and changing demands under managed care.*** More than 2,000 employees will need both training and development to meet the new set of skills required in delivering cost-effective primary care services, including specific technical skills in phlebotomy, EKG, medical informatics, and preventive care.
- ☐ ***Support assessment, training, placement and other transition strategies for the 2,400 acute care employees estimated to be impacted by the largest and most complex reengineering project in the nation.*** The Department has embarked on a reengineering process to cut costs that will have a continuous impact on employees for at least the next three years. This large-scale reorganization will be linked with a comprehensive retraining strategy to avert layoffs and mitigate impacts to at-risk workers.

- ***Improve core public health competencies of 3,675 workers and prepare new employees for emerging roles in public health.*** The Proposal includes the implementation of an effective training program based on professional and performance standards for public health nursing, investigators, health educators, and nutritionists. Core competencies include the assessment of determinants of health care, new information technology and methods, and the creation of community partnerships.

The funding required for the Workforce Development and Training Proposal is projected at \$20 million of federal funding for the first year, based on the proposed elements of the training project, the program operations, and the number of employees who need to be trained. In order to fund the Proposal, the County proposes the creation of a separate Supplemental Project Pool (“SPP”) under which the County will receive distributions of approximately \$40 million on an annual basis (assuming a 50% federal medical assistance percentage). It is anticipated that funding will also be necessary for subsequent years of the Project extension, the amount of which will be determined based on an analysis of evidence collected during year one of the Proposal. The nonfederal share of these expenditures will be funded by County intergovernmental transfers.

II. INTRODUCTION

Sweeping and dramatic changes have occurred in the practice, financing, and delivery of health care that have led to a fundamental restructuring of the Los Angeles County

Department of Health Services, the second largest public health system in the nation. With critical assistance and support from State and federal governments through its Medicaid Demonstration Project, the County continues to transform its large, decentralized hospital-based system into a coordinated system focused on comprehensive ambulatory and preventive care. The emerging system has been an integrated model of County facilities and public-private partnerships organized around managed care principles, and led by public health leadership and planning.

During the first two years of the County's restructuring, most changes occurred in a crisis-driven environment due to a severe fiscal crisis. Faced with near bankruptcy in 1995, an immediate response to the crisis resulted in a loss of 5,500 positions with nearly 2,500 layoffs, which mostly resulted from budget cuts that yielded severe disruptions in both staffing and services. Since then, however, a more disciplined process has been implemented to analyze some of the changes that are needed based on a long-term, strategic direction. For the past year, the County, in partnership with its employee unions, has undertaken a collaborative process to plan for workforce changes, prepare for new demands on service delivery systems, and minimize displacement of health care workers throughout the restructuring process.

One product of this planning process was the joint development by the County and the Service Employees International Union, Local 660 ("SEIU Local 660"), of the Health Care Demonstration Project recently funded by the U.S. Department of Labor. Administered by the County's Community and Senior Services department, the project will utilize a grant of \$1.2 million to assist in planning the restructuring of the Department of Health Services, to conduct studies and analyses of the County and its labor market, and to develop retraining programs that will ameliorate the dislocation of the workforce. The Health Care Demonstration Project has a

1-year term for the completion of its studies and training curricula which, upon approval by the County Board of Supervisors, will commence this spring or summer of 1999. The County intends to use the results of this project as a guide for structuring its workforce training and development plans under the Proposal.

By designing workforce training and retraining programs responsive to the health needs of the population within the evolving health care environment, the County seeks to improve the health care delivery system, increase access to cost-effective ambulatory care services, and to improve and assure quality of care through a stable, diverse, and unionized workforce. The scope of training proposed is broad enough to provide health care workers with access to a variety of adult-learning opportunities, ranging from on-the-job training to basic education, undergraduate programs and professional schools. This is necessary to maximize their employment opportunities while facilitating the transition to a community-based system with sound, quality-of-care principles and practices.

III. THE ENVIRONMENT

A. Budget Crisis

As part of transforming the public health system in Los Angeles County, the County has launched several major initiatives to radically restructure the way health care is delivered to the Medi-Cal and medically indigent populations, including Public Health

Reorganization, Ambulatory Care Expansion, and Reengineering. One of the major challenges, however, is that despite these major initiatives, the County anticipates a structural budget deficit. Efforts to mitigate an impending budget crisis have previously prevented the Department from implementing a comprehensive workforce training and development program, a vital component of ongoing restructuring efforts. This Proposal seeks an amendment to the Project that would provide additional funding for workforce training and development, which would in turn result in significant cost savings for the future.

B. Fundamental Organizational Change

The County faces the same rapidly changing forces confronted by other provider-based systems: managed care penetration, decreased acute care utilization, a shifting health care provider market, and the quest for accountable health systems. These forces have led to a fundamental shift in the patient care paradigm, requiring providers and public health systems to radically alter their core processes in the workplace.

Although the County's workforce is the most important resource in its restructuring initiative, a recent needs assessment based on a sample of County employees and a thorough analysis of its human resource functions have shown that many employees as well as the human resource systems are ill-prepared to face these challenges. Those working in acute care settings have not had the opportunity to develop many of the skills and knowledge needed to deliver health care in an ambulatory care environment. For example, nurses should have a broader range of clinical skills, learn how to work in teams, and be able to integrate preventive health care into their practice. The County's human resources system, impacted by recent budget cuts that are characteristic of most governmental systems, has largely functioned as a

compliance-driven personnel system, focused on rules and procedures with limited strategic planning, resource facilitation, and customer-orientation. Thus, a major challenge facing the County is a fundamental and comprehensive change in managing, organizing, and developing human resources consistent with the strategic direction of the public health delivery system. As an amendment to the Project, this Proposal seeks to address this major issue and establish a national demonstration project from which lessons can be learned and replicated.

C. Public Health Reorganization

In the spring of 1997, the County commissioned the UCLA School of Public Health to conduct a comprehensive review of the public health services and programs in Los Angeles County. Completed in July of 1997, the report identified areas of serious deficiencies including a chronic lack of funding and the categorical funding of multiple services. One important conclusion was that the County clearly needed to improve core competencies of professional and support staff to achieve public health objectives and assume emerging public health roles in an increasingly complex and changing environment. The report included several recommendations to restructure the way public health services are delivered in the County, focusing on the needs and health-improvement opportunities of all 9.5 million people instead of just those at high risk. One major recommendation was an effective training and recruitment program consistent with the public health mission and its corresponding personnel needs. In response, the County has undertaken a number of initiatives for broad-scale deliberation and implementation. Some of the major initiatives include the development and organization of eight Area Health Offices based on service planning areas and population needs, the creation of planning and evaluation units to support these functions, and centralization of a Quality

Assurance and Professional Standards unit with broad responsibility for assuring professional standards and performance for public health nurses, investigators, health educators, and nutritionists. It is estimated that 3,500 public health employees will need training to enhance core competencies in epidemiology, biostatistics, assessment of the major determinants of health, and community-building. In addition, about 175 new employees will be needed to assume emerging roles and responsibilities in the County's public health system.

D. Ambulatory Care Expansion

For at least the last decade, the site of patient care in the United States has been shifting from the hospital to the ambulatory setting. One goal of the Medicaid Demonstration Project is to reduce the inpatient census at County hospitals by one-third and to increase outpatient care visits by 50 percent, which represents an additional 1.3 million visits by the year 2000. Since 1995, the County has expanded the number of sites delivering primary care services to the medically indigent and uninsured from a base of 45 publicly-operated clinics to a blended system of 151 public and private sites, covering over 95 percent of County communities and concentrated in areas of high poverty rates and pressing health needs. It is this major expansion effort, intended to reduce the inappropriate use of inpatient services and emergency rooms, that demands new sets of skills for health care workers. It is estimated that an additional 2,000 ambulatory care employees, solely for the County, will be needed over the next two years to meet the Department's target.

Further, public employees that cannot be placed in County facilities but may be placed in the private sector consistent with the County's "right-of-first-refusal" policy will need training to assume those responsibilities. Under this policy, a private entity contracting with the

County must give consideration to qualified County employees (who have been dislocated or laid-off from County positions) for employment openings before any other candidates.

E. Reengineering

The County has embarked on the largest and most complex reengineering project ever, implementing a complete restructuring of the way the facilities and corporate offices operate. The County currently projects that, through an implementation of such “performance improvement opportunities,” savings of approximately \$82 million may be realized annually by 2000-01. This is crucial as the County faces a substantial projected deficit even with the funding received under the Project.

To date, over 100 design teams with more than 1,700 participating employees have been formed to develop ideas to fundamentally redesign work processes. Based on current estimates, the County anticipates 2,400 will be affected by the reengineering at County acute hospitals and clinics, starting in July of 1998 and phased-in over the next three years. An aggressive, lay-off prevention program is necessary for these employees to move into new positions in the Department or at other County departments. A comprehensive retraining project would facilitate this transition.

F. Impact on Local Communities

The dramatic changes in the County during the restructuring process have had an immediate impact on the local communities of Los Angeles County due to the disruption of services and the loss of jobs. During the budget-driven reductions at the onset of the Project in 1995-96, the disruption of services led to a 25 to 33 percent loss in inpatient and outpatient

services, primarily in prenatal, pediatric, and preventive care. While some of this service loss has been restored through partnerships with the private sector, communities are still reeling from the disruption in continuity, comprehensiveness, and patient access to much needed services.

The loss of jobs has also had serious ripple effects for local communities. The majority of employees bearing the brunt of layoffs during the first two years of the Medicaid Demonstration Project have been predominantly younger, less experienced, minority employees. The laid-off employees were, for the most part, single female heads-of-households who were most likely to reside in communities of highest need. The potential residual effect could be a spiraling, cyclical effect where the layoffs lead to higher unemployment rates for these communities, loss of tax revenues, and an increase in the number of uninsured who must depend on the safety net system for health care. A comprehensive training and development project includes multiple transition strategies that can mitigate these effects as well as ameliorate additional budget cuts.

IV. OPPORTUNITIES

The restructuring of the County Department of Health Services and the ongoing efforts to improve quality while reducing costs have brought demands for new skills needed by health care workers. The development of a new approach to human resource training and development, along with the application of new skills from a diverse and highly competent workforce through a comprehensive training program for quality of care, will facilitate the transformation of the safety net system in Los Angeles County. Major opportunities exist by linking a major assessment, training, education, and deployment program that is consistent with

the overall effort to improve efficiency and effectiveness of the health care delivery system, to increase access to services, and to restructure public health programs and services.

The Proposal emphasizes a commitment to expand the skills of the existing workforce in the County to reach the socially-desirable goals of enhancing core public health services, expanding health promotion and disease prevention, developing primary care service delivery expertise, and sustaining needed specialty and tertiary services over the long-term. This approach seeks to maximize utilization of existing public resources and assets by linking multiple efforts through a comprehensive and collaborative effort. Developing a comprehensive and standardized training program will assure that the various objectives of improving patient care and outcomes, enhancing service quality, and optimizing access to care is as much a part of restructuring as the immediate challenge of reducing costs. The primary purpose of the training is to address and support system-wide shifts in health care jobs consistent with the system-wide transformation of service delivery models.

A. Labor-Management Strategic Alliance

An important facet of this Proposal is an unprecedented labor-management participatory process in developing all phases of designing new jobs and systems for delivery of services, and in designing training programs. This approach builds upon an already established partnership focused on a common commitment to public service: to develop a preferred future for the workforce and to improve the health status of the population in Los Angeles County despite an unstable, transitory environment.

The full participation of employee unions in assessing workforce supply and demand is also essential in achieving successful outcomes. The unions' role in planning for

restructuring will assure that the important knowledge base that incumbent workers have of their jobs is maximized, and that the needs of the workforce are integrated into the County's restructuring and its future health care system. This labor-management process will lay the groundwork for reaching consensus in deciding what types of jobs and training will be needed, and aid in developing an effective process for identifying and encouraging employees to transition into new jobs. As part of the Proposal, an active and clearly defined role for the unions is necessary to achieve the goal of retaining highly qualified and experienced employees through fair training opportunities.

B. Growth in Knowledge and Technology

Realizing the increasing importance of integrating new knowledge and technology to maintain a long-term sustainable health care system, the County has been involved in designing and implementing a planning process for reengineering and public health restructuring. The rapidly evolving knowledge and technologies in health care place tremendous stress on direct providers and support staff to incorporate findings and techniques into everyday practice. For the most part, guidelines and tools for physicians, residents in training, and nurses, are developed through the County's affiliations with Schools of Medicine and Nursing. However, there are major concerns particularly for other types of employees. For example, as ancillary nursing personnel are being asked to perform new and/or additional duties under reengineering, there are no national standards that currently exist to guide their training and development. This dilemma has received wide attention, including recent recognition by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Yet, opportunities do exist in this area to utilize the newly formed College of Nursing

and Allied Health, headquartered at the County’s main medical center (the University of Southern California Medical Center (“LAC+USC”)) to provide leadership and clear improvements in the training and certification of paraprofessionals and support health care workers in both public and private sectors.

V. COUNTY WORKFORCE PROFILE

The County employs 22,000 people working in hospitals, comprehensive health centers, health centers, and administrative offices. Characteristics of these employees include:

BY JOB CATEGORY:	%
Management	2.8%
Management Staff (analysts, accountants, etc.)	4.5%
Clerical	28.0%
Professional (physicians, nurses, etc.)	32.3%
Paraprofessional	9.8%
Protective and Regulatory	3.1%
General Service	14.8%
Technical	1.3%
Crafts	2.8%
Other	0.6%

BY WORK LOCATION:	%
Administration	3.8%
Hospital-Based (six facilities)	74.8%
Comprehensive Health Center-Based (six multi-specialty outpatient centers)	3.3%
Health Center-Based (30 sites)	3.3%
Public Health Programs	14.8%

OTHER MAJOR CHARACTERISTICS:
Ethnicity: 32% African American, 25% Hispanic, 22% white, 13% Asian, 8% Filipino, and 0.2% American Indian
Gender: 71% is female and 29% is male
Age: 46 years is the average age
Tenure: 14 years is the average length of service

VI. IDENTIFYING DEMAND FOR TRAINING

The restructuring of the County will require all 22,000 employees to be better educated, more skilled, and more flexible, regardless of their present occupations. As noted in the final report from the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, the training of health care workers is crucial for meeting the demands of a changing health care industry. At the Department of Health Services, the ongoing restructuring has generated a critical need for training that includes, among others:

- ☐ Organizational change training for all employees based on the new economic and regulatory shifts of a dynamic health care environment;
- ☐ Retraining existing employees for multi-skilled positions;
- ☐ Preparing impacted employees for transition to other positions as they are created through restructuring or within other departments in County government;
- ☐ Assisting impacted employees without opportunities (Department of Health Services or in County government) with outplacement services.

The following chart lists those areas that will be profoundly impacted by the County system-wide restructuring, and the type of health care jobs that will be affected:

AREAS OF WORK	TYPES OF JOBS
clinical delivery of patient care	direct caregivers
monitoring/evaluating clinical outcomes	direct caregivers, technical, administrative staff
patient intake/financial/support services	technical, administrative support staff
system financial accounting/costing	technical, administrative support staff
management information systems	technical, administrative support staff

There are several areas where new skills and new ways of work will be required. For example, the County has identified an anticipated shortage of health professionals to meet

the demand for primary care services as the County increases access to outpatient care. Also recognized is a shortage of skilled information workers and technical staff, and emphasizes the need for training users of enhanced information systems. Training will be required to prepare healthcare workers to provide high acuity, specialized services in the future replacement facility for LAC+USC, currently the largest medical center in the nation. Training will also be necessary in other areas emerging under managed care, such as case management, long-term care, and patient education.

A comprehensive workforce analysis, including needs assessments, will serve as the initial step toward preparing County workers for a restructured Department. “Need,” as the County defines it, refers to two concepts. First is the County’s system-wide need for workforce skills that satisfy the requirements of new job duties in emerging or redefined positions. This need may be generated due to implementation of restructuring or ongoing changes to the health care delivery system. Second is the employees’ need for the skills that will enable them to continue to do their jobs successfully, ensure job security and enhance future compensation. The County workforce has had years of experience servicing those most in need in Los Angeles County. However, many workers have not returned to school for important retraining due to personal, family, and financial obligations. The retraining program must be designed to meet the needs of these workers by having a comprehensive basic skills component, and a design to give workers the academic foundation and educational support services needed to be successful in an occupational training program. A jointly developed and managed process will promote a training program which meets both of these needs. Multiple processes and sources will be used to plan for workforce training, such as:

- □ Mutually-developed surveys and skill assessments of County employees.

- □ Focus groups with employees and customers.
- □ Joint evaluation of recommendations from reengineering design teams.
- □ Recommendations from existing and new labor/management work groups, professional associations, and other significant health care restructuring project teams.

As part of the Department of Labor's Health Care Demonstration Project, the County is developing a complete inventory of occupations that will be affected by the continuing system restructuring, including positions that will be created, phased out or changed, and the skills that restructured work requires. Information gathering for workforce planning purposes will not be a one-time endeavor. It will become an ongoing, institutionalized part of the County health system's functioning so that the process of developing workforce skills to meet the needs of the system is continuous. Workforce planning will be coordinated with similar County-wide efforts to anticipate changes in the workforce. Coordinated efforts will facilitate placement opportunities for trainees to extend beyond the Department of Health Services and into Los Angeles County's overall workforce. There are currently over 80,000 positions in Los Angeles County, of which 22,000 are within the Department of Health Services. The efforts of a consultant selected by a labor-management committee will be relied upon to inform, guide and coordinate the workforce planning process.

Further study with respect to workforce planning for future staffing demands and labor pool availability will more conclusively identify potential areas of impact vis-a-vis changing skills requirements and corresponding training needs. Through the U.S. Department of Labor's project, the County plans to conduct an assessment of Los Angeles County's health services labor market to assist in future planning work. The assessment will model the 1996

study, “The Changing Health Care System in New York City: Implications for the Health Workforce,” and attempt to answer the following questions:

1. What are the potential losses of hospital jobs in Los Angeles County over the next several years?
2. Which occupations and professions have a strong potential for job growth in the health care industry in Los Angeles County? Within the County workforce overall?
3. What are the resources available to retrain health care workers at risk for job loss in non-hospital settings? What is the capability of the County to absorb retrained workers? At what rate? In which classifications?
4. What is the potential impact of new technologies on health care employment in Los Angeles County?

The New York study made an important contribution in its effort to identify the future needs of its workforce and the job classifications that may be impacted by future transformations. The data collected was vital to the development of their training and education processes because it helped to highlight areas of priority, and pinpointed the organization’s specific needs in order to execute their training plans. By following New York’s lead, the County anticipates obtaining the same successful results.

VII. EXISTING COUNTY-ADMINISTERED TRAINING EFFORTS

The major training effort currently in place consists of a \$1.2 million grant by the U.S. Department of Labor under Title III of the Job Training Partnership Act (“JTPA”), which will be administered by the County’s Community and Senior Services department and utilized for workforce research and analysis. The County and SEIU Local 660, as recipients of the grant,

will implement studies and analyses for the next fiscal year. The results of these efforts will guide the County's future workforce development and training activities.

The County does not currently operate a dedicated, system-wide training and development program that specifically focuses on averting terminations. Although some training is provided for professional staff, there is limited education and training opportunities for unlicensed paraprofessionals and administrative support staff. Most workforce training needs are met on an episodic basis. For example, the majority of workforce training efforts focus on certification and continuing education of direct caregivers, some cross training within the various hospital departments, and mandatory classes required for health care accreditation and state laws. Recently, a County-wide Workplace Retraining Fund has been established in accordance with SEIU Local 660's bargaining agreements, with the County being part of the labor management committee that will jointly administer this fund. Although a number of facility-based opportunities exist particularly through affiliations with Schools of Medicine (USC, UCLA, and Drew) and Nursing (USC and UCLA), system-wide efforts to administer training have been limited and hampered since the budget curtailments in 1995.

Nevertheless, with an array of facilities and facility-based teaching programs, there are many opportunities for enhancing workforce training and improving quality of care through the County's existing infrastructure. The Human Resources Change Enablement Team has identified training and development as a high priority in implementing the restructuring initiatives. This team conducted an analysis of the current situation, which included data collection on available resources within the Department, identified possible partnership opportunities with external agencies and organizations, and outlined a series of recommendations. To address these recommendations, this Proposal includes the selection of a

senior level Retraining Planning Coordinator with specialized knowledge in healthcare training, mutually agreed upon by the County and its unions, to establish a formal training division. This is necessary given the limited experience of both the County and its unions in developing and implementing training programs at the scale and scope required for a national project.

In conjunction with this effort, the County and SEIU Local 660 will implement workforce pilot training and resource development under the Health Care Demonstration Project (Element 5). Specifically, a Healthcare Retraining Program will be developed for terminated and at-risk employees to provide instruction and guidance in job assessment, counseling, curriculum and program design, training, evaluation, placement and post-training activities. In addition, public and private resources and vendors will be identified and engaged to provide the necessary training and development for assisting workers in their transition to new positions.

VIII. COMPONENTS OF THE TRAINING PROGRAM

Education, training, and retraining are essential to the acquisition of new skills and knowledge. The training program will be designed to:

- ☐ Manage/Influence Change by providing basic educational opportunities for the workforce to understand the forces driving the evolving health care environment.
- ☐ Improve the Diversity and Cultural Competence of the health care workforce to fully represent the changing demographics of Los Angeles County.
- ☐ Enhance Professional, Clinical, and Technical Skills for new roles and responsibilities.

The elements of the County's training program include a labor-management governance structure, employee career counseling and skills assessment, development of training curricula, a placement program, a communications and outreach program to inform the

workforce of available training opportunities, and a monitoring program to measure program effectiveness. Each of these are generally described below.

A. Labor-Management Governance

All aspects of work redesign and workforce training undertaken by the County will be done in a collaborative manner with organized labor and representatives from other organized groups, such as residents and interns. From workforce planning to evaluation of program outcomes, the needs of frontline workers will be considered through a joint labor-management planning and implementation process. This process will help to insure the relevance and effectiveness of training activities and, at the same time, will help to resolve and even preempt any potential harm to union principles of seniority and job class specifications when employee concerns are not considered concurrently with program development.

A consensus driven labor-management committee will be created for the purposes of overseeing the design, implementation, and ongoing functioning of the County's workforce development and reinvestment program. The committee will conduct or oversee, among other tasks, the following activities:

- □ Workforce planning and analysis
- □ Program budgeting
- □ Direction of consultants retained to provide technical assistance
- □ Development of program policies, goals, and priorities, as well as selection criteria and processes
- □ Review of facility-based training activities for consistency with system-wide goals
- □ Program evaluation

B. Training Curricula

The specific curricula to address workforce needs will be defined through the process outlined above. However, drawing from available information on what the County's healthcare delivery system will look like after restructuring, and the experiences of other healthcare employers faced with similar challenges, this Proposal identifies the kinds of training that will likely be needed. The types of necessary training are as follows:

Enhancing Technical Skills: Imaging, EKG, Phlebotomy Outpatient and home health care Medical Informatics Computer literacy New technology Information management Cross training in any of the above	Core Public Health Skills: New information technology Community health assessment methods Multidisciplinary skills building Leadership training & development Developing community partnerships Improved analysis of health determinants
Customer Service: Customer and patient relations Multidisciplinary skills building Conflict resolution Diversity and cultural competency	Organizational change skills: Readiness for managed care Continuous quality improvement Risk management Teamwork Communications and Community Relations Career Management

The proposed curricula include development of “portable” skills (computer literacy, information management, customer relations) transferable to jobs outside of the Department of Health Services for those employees eventually placed in other County departments. In furtherance of the Proposal's objectives, the training program will:

- ☐ Protect patient care;
- ☐ Allow full partnership between labor and management;

- ☐ Be developed through joint labor-management cooperation;
- ☐ Be accessible to all employees impacted by restructuring;
- ☐ Prepare incumbent workers for positions in emerging sectors of the integrated healthcare delivery system;
- ☐ Facilitate career ladder and other advancement opportunities;
- ☐ Emphasize better jobs through higher skills instead of demoting the workforce;
- ☐ Emphasize broad, portable skills as well as job-specific skills, to maximize placement opportunities within the Department of Health Services as well as within the broader County workforce;
- ☐ Provide for higher pay levels for newly acquired skills;
- ☐ Promote in-sourcing and reduce costly contracting;
- ☐ Become an ongoing, institutionalized part of the workplace.

Specific course content will be developed by working with qualified training consultants. Training will be delivered at a combination of sites appropriate to the content of specific training modules. These venues could include the job sites or classrooms within the County's training facilities, or those of training providers enlisted by the County. Approaches to instruction will be tailored to adult-learning needs and will include an Educational Support Unit to foster study skills, provide tutoring, and emphasize retention. The typical Department of Health Services employee has been in the workforce for 14 years and the need to provide basic skills remediation is anticipated. The labor-management committee overseeing this program will develop appropriate assessment and testing guidelines to determine needs. These guidelines will be designed to maximize successful outcomes, and not for purposes of excluding potential trainees. Additionally, the committee will establish certification guidelines for the courses that

trainees complete. The certification that trainees receive will include certificates, documentation for personnel files, and college course credit where applicable.

C. Career Counseling and Job Placement

To assist employees in planning for their future, this program will provide workers with comprehensive career counseling services. All employees will have access to human resource specialists available to assist in making career plans while informing them of needed skills in the County health system. Through counseling they will be able to assess their own skills and become aware of what options for training and retraining are available and how they can be accessed. Once training is completed, a Job Placement Unit will assist trainees to re-enter the workforce through positions in the Department of Health Services, in other County departments, in public-private partnership sites, and other non-County jobs.

D. Communications Program

Important to this program's overall success will be a communications strategy to advise County workers of where to seek information and assistance. The Department of Health Services is a large and geographically-dispersed organization. Availability of accurate, timely information, and coordinated outreach to get that information to the workforce will ensure that the program's needs are met. County management must also be informed of the training program's components, its goals, operational guidelines, and how employee skills can be enhanced through accessing its resources.

IX. IMPLEMENTATION PLAN

The Workforce Training and Development Proposal will be jointly developed by labor and management, and implemented with full union participation. Major objectives and key milestones are included in the following table format.

COUNTY WORKFORCE TRAINING AND DEVELOPMENT

IMPLEMENTATION PLAN—YEAR ONE

MAJOR OBJECTIVES	MILESTONES/ACTIVITIES	TIMELINE
I. To establish a labor/management structure. (In conjunction with U.S. Dept. of Labor project.)	I.1. Create a labor/management oversight committee. 2. Hire a senior level Training & Education Director, upon mutual agreement with specialized healthcare training experience.	I. Within 30 days of State/HCFRA approval of Proposal as Amendment to County's Medicaid Demonstration Project.
II. Continue analysis of needed system and job redesign as a way of shifting services toward preventive and ambulatory care. (In conjunction with U.S. Dept. of Labor project.)	II.1. Conduct a detailed labor market study. 2. Conduct County's skills assessments of current staff. 3. Conduct organizational and job analysis. 4. Establish an employee and skills-matching review process.	II. Within 90 days of approval.
III. Identify and plan for immediate and future training needs.	III.1. Develop a three-year training and development plan. 2. Create learning center with resources to develop, coordinate, and provide, as necessary, training and education services. 3. Specify training requirements for priority training needs. 4. Identify implementation strategies to provide education and training.	III. Within six (6) months of approval.
IV. To implement three-year training and development plan.	IV.1. Review and analyze findings from surveys, assessments, and other data gathering efforts.	IV. Within six (6) months of funding approval.

	2. Jointly develop training and development action steps with specific timelines.	
V. To monitor and evaluate effectiveness of intervention strategies.	V.1. Identify key employee, clinical, and service quality measures. 2. Plan and design structure and process for collection, analysis, and reporting of key indicators. 3. Continuously assess and monitor effectiveness of training in meeting objectives, participation of stakeholders, and impact on skill development, job placement, and retention.	V. Beginning by December 2000 and reporting quarterly thereafter.

X. MONITORING PROGRAM IMPLEMENTATION AND OUTCOMES

This Proposal incorporates an active research and monitoring approach to evaluate the progress and impact of restructuring, the redesign of jobs, the health care system of the County, and the workforce training component to ensure the following:

- ☐ Compliance with restructuring, redesign, and training goals and recommendations, including access to quality patient care;
- ☐ Review effectiveness of training in meeting Project goals, including level and degree of participation by stakeholders;
- ☐ Assess impact of job restructuring on clinical quality;
- ☐ Track and measure employee skill development, job placement, and retention.

Data collected on a range of clinical and service quality measures, mutually-developed by labor and management, will assess the relationship between increases in skills, gains/losses in efficiency and productivity, job satisfaction, and the quality of patient care.

A. Related Benefits of Training

Besides building, enhancing and facilitating the skills of health care workers to meet the goals of County restructuring, support for this project will yield equally-significant related benefits. The opportunities can advance existing partnerships with university medical schools and forge new partnerships with local schools and community college districts to strengthen the infrastructure for a successful program. These and other related benefits will guide program design and evaluation. Other major benefits include:

Enhancement of the Value of Public Health Services

- ☐ Expands health promotion and disease prevention
- ☐ Develops primary care service delivery expertise
- ☐ Sustains the quality of high-acuity, specialized patient care
- ☐ Maximizes existing resources and assets
- ☐ Assures improvements in clinical and service quality.
- ☐ Promotes better relations with community groups.

Sustaining and Improving Communities

- ☐ Minimizes worker displacement during restructuring
- ☐ Reduces costs associated with displacement
- ☐ Lessens negative effect of layoffs on the community
- ☐ Sustains workers' contribution to tax base
- ☐ Results in less turnover of caregivers

- ☐ Renders more efficient and effective healthcare services

Other Benefits in Various Areas

- ☐ Demonstrate a model project of collaborative work with unions in restructuring and in training;
- ☐ Build consensus between labor and management on direction and content of workplace training;
- ☐ Engage in joint decision-making processes which include workers, their unions and management;
- ☐ Develop worker-friendly approaches to training;
- ☐ Strengthen the ability of labor and management to work on ways to control costs and improve access and quality of health services.

XI. BUDGET AND FINANCING

The need for worker training, retraining, and development comes at a time when the County's health care system is facing profound fiscal pressures. Although maximum coordination with other County departments that administer federal and state funded job training programs has been taking place, these programs focus primarily on dislocated and terminated employees, and therefore fail to address the current workforce issues under the County's restructuring. This Proposal seeks to build upon the County's existing restructuring efforts by incorporating an aggressive, dislocation/termination-prevention training and retraining program based on a comprehensive evaluation of the continuing changes in the health care system.

The County proposes the creation of a Workforce Development and Training Supplemental Project Pool ("SPP") in support of the Proposal. Under this funding mechanism, the County will receive distributions from this SPP that will be used exclusively to fund the

Proposal's workforce development and training programs under the Medicaid Demonstration Project. Total payments from the SPP would be \$40 million for the first year of the Proposal, 2000-01, approximately \$20 million of which will be provided through County intergovernmental transfers. The funding amounts for subsequent years will be determined based on the County's implementation experience and needs.

Intergovernmental transfers would be made in equal quarterly installments on the 15th day of each quarter, or as soon thereafter as practicable. The State will be responsible for depositing this amount into a Health Care Deposit Fund and, with the related federal matching funds, will disburse the appropriate payments to the County. The federal portion of these SPP payments would be counted against the Project's budget neutrality limit.

Detail for year one of the proposed budget is presented below. It should be noted that flexibility in reallocating items and amounts within the proposed budget for the first year may be necessary based on evidence collected through assessment and testing, workforce planning processes, and placement opportunities.

WORKFORCE TRAINING AND DEVELOPMENT PROPOSAL

LOS ANGELES COUNTY

PROPOSED BUDGET - OVERVIEW

Fiscal Year 2000-01

	<u>Year One</u>
TOTAL FEDERAL FUNDING REQUESTED	\$20,000,000
Organizational Change Training & Development (Based on 22,000 employees X \$200 per employee)	\$ 4,400,000
Ambulatory Care Training (Based on 2,000 employees X \$2,300 per employee)	\$ 4,600,000
Reengineering Implementation Training (Based on 2,400 employees X \$2,300 per employee for year I; \$1,000 per employee thereafter)	\$ 5,520,000
Training Program Operations (Infrastructure support including staff, space, and equipment, estimated at 10% of direct costs)	\$ 1,610,000
Public Health Retraining (Based on 3,675 employees X \$400 per employee)	\$ 1,470,000
Workforce Planning Unit	\$ 400,000
Education Support Unit	\$ 1,200,000
Placement Unit	<u>\$ 800,000</u>
	\$20,000,000

TABLE OF CONTENTS

	Page
I. EXECUTIVE SUMMARY	1
II. INTRODUCTION.....	3
III. THE ENVIRONMENT	5
A. Budget Crisis	5
B. Fundamental Organizational Change.....	6
C. Public Health Reorganization.....	7
D. Ambulatory Care Expansion	8
E. Reengineering.....	9
F. Impact on Local Communities.....	9
IV. OPPORTUNITIES	10
A. Labor-Management Strategic Alliance.....	11
B. Growth in Knowledge and Technology.....	12
V. COUNTY WORKFORCE PROFILE	13
VI. IDENTIFYING DEMAND FOR TRAINING.....	14
VII. EXISTING COUNTY-ADMINISTERED TRAINING EFFORTS	17
VIII. COMPONENTS OF THE TRAINING PROGRAM	19
A. Labor-Management Governance	20
B. Training Curricula	21
C. Career Counseling and Job Placement.....	23
D. Communications Program	23
IX. IMPLEMENTATION PLAN	24
X. MONITORING PROGRAM IMPLEMENTATION AND OUTCOMES.....	25
A. Related Benefits of Training	26

XI.	BUDGET AND FINANCING	27
------------	-----------------------------------	-----------